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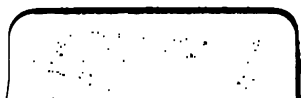
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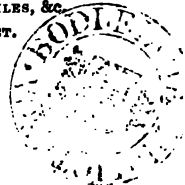
PRACTICAL OBSERVATIONS

ON

PROLAPSUS OF THE RECTUM.

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LONDON :

WHITTAKER, TREACHER, AND ARNOT,

AVE-MARIA LANE, ST. PAUL'S.

1831.

722.

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TO EDWARD STANLEY, ESQ.

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ST. BARTHOLOMEW'S HOSPITAL,**

THESE OBSERVATIONS ARE DEDICATED,

AS A MARK OF RESPECT AND ESTEEM;

BY HIS OBLIGED AND GRATEFUL FRIEND,

THE AUTHOR.

**12, *Old Broad Street*,
July 27, 1831.**

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ON PROLAPSUS OF THE RECTUM.

CHAPTER I.

INTRODUCTORY REMARKS.

THERE are few diseases to which the human body is liable, more painful, and distressing to bear, than that which forms the subject of the following pages ; or one which, at the same time, I regret to add, is more common, yet less generally understood.

This last circumstance is perhaps referrible, not so much to a want of inclination on the part of the practitioner to acquire a competent knowledge of the subject, as from his inability to obtain it, arising from the delicacy of the patient, who too generally neglects to seek advice till the disease is fully developed ; hence but few opportunities occur of acquiring accurate information of

the features presented during the incipient stages of the complaint.

To this source may, in a great degree, be attributed the diversity of opinion regarding the treatment of the disease, as expressed by those who have given to the profession some cursory remarks respecting it.

In the commencement of my professional labours, I felt the want of some practical work by which I might assist my judgment in those difficult cases which too often present themselves in connexion with this affliction. I am inclined therefore to believe, that some observations upon it, if founded upon physiological reasoning, and supported by practical experience, may be of material utility to the profession. With this view, I have indited the following pages.

It will be perceived, I have denominated the disease by what it really is, Prolapsus of the Rectum, and not by what it has hitherto *invariably* been called "Prolapsus Ani." Simple as this circumstance may appear, it goes far to prove how superficially the diseases of the rectum have been studied; for the least reflection will convince us that the anus is but the aperture into the intestine through the sphincter, which is a fixed point, and therefore cannot be prolapsed.

The plan I have pursued for the removal of the Prolapsus in those cases which require the assistance of

operative surgery, has been adopted by me sufficiently often to justify my imparting it to the profession with unlimited confidence. Experience will, I think, prove that it is equally efficient and simple; furthermore, I am not without hope that it will ultimately abolish the incomplete and hazardous practice of applying ligatures either to Piles or the malady in question.

I have no doubt it is possible to render a treatise upon this subject far more diffuse than the present one; it does not, however, necessarily follow, that it would be more useful. The observations I have made are, I think, intelligible to the capacity of every individual, and are therefore more likely to be of general service, than an elaborate work replete with theoretical ideas and metaphysical reasoning.

CHAPTER II.

ON THE MORBID ANATOMY OF PROLAPSUS OF THE RECTUM.

WITH the view of clearly elucidating this part of the subject, it is convenient to refer to some points of the anatomy of the rectum in its healthy condition.

The peritoneum, after giving a partial investment to the bladder, is continued from the lower and back part of this organ to the anterior surface of the rectum, a pouch being formed by the fold of the membrane which intervenes between the two parts. By this pouch the viscera are supported and prevented from descending too low in the pelvis.

The membrane is afterwards continued for some space upon the anterior surface of the rectum only; higher up it encircles the intestine, and is subsequently reflected from its posterior part to the sacrum, forming a triangular fold called the meso-rectum, by which the bowel is

permanently connected with the posterior part of the pelvis.

That portion of the rectum which is destitute of peritoneal investment, is connected with the adjacent parts by loose cellular tissue. Hence it is apparent, that while the upper portion of the intestine is retained in its situation by the provision above mentioned, its lower part remains at comparative liberty, thus permitting the distention of the bowel from the accumulation of feculent matter, and allowing it that degree of laxity requisite for its partial eversion during the evacuation of its contents.

The external and internal coats are connected by cellular tissue. When the rectum has suffered from long continued irritation, this uniting medium is so much increased, that in extreme instances it forms an artificial coat between the mucous and muscular portions of the bowel. From the same causes, the internal coat of the intestine participating in the irritation, becomes thickened and elongated, so that its folds, anatomically denominated the columns of the rectum, are materially increased in size. Now both of these effects are usually produced before any extensive prolapsus of the bowel occurs.

The inner coat of the rectum is continued into the fine skin which lines the sphincter, becoming at last continuous with the external integuments.

Now, when we examine a prolapsus in its early stages, we generally find this portion of the mucous membrane more or less elongated. Sometimes it is protruded at the time of relieving the bowels only, while at others, it forms one or several pendulous flaps, which increase or diminish in size, according as the parts are excited from inflammation, or as they become infiltrated with fluids. As, however, the disease advances, the natural appearance of the parts is gradually changed, and an irregular mass of fleshy substance is protruded at every attempt to pass an evacuation, or even upon any ordinary exertion.

When the prolapsus is thus established, its appearance varies, being more or less irregular on its surface, in proportion to the natural size of the rugæ formed by the columns of the rectum; an enlargement of which, together with an elongation of the cellular substance which unites the mucous and muscular coats, usually constitutes the major part of the tumour. If, however, no means are adopted for the relief of the disease, it will continue to increase till at last the entire portion of the lower part of the rectum will be everted and protruded at the orifice.

There is often a material dissimilarity of colour in various parts of the tumour; the central portion being generally of a bright red, while that part of it which

lies around the inner verge of the sphincter is usually of a purple hue, and the distended hemorrhoidal veins may sometimes be seen ramifying upon its surface. When the affliction is of long standing, and of any magnitude, we occasionally find portions of the tumour in a state of ulceration; from which proceeds an offensive discharge. I have known instances where this fact has led to the belief that the patient was afflicted with cancer of the rectum.

Now if the foregoing views of the anatomy of the rectum, and of the morbid structure of prolapsus, are correct, I am at a loss to comprehend how such cases could have occurred as have been recorded by some authors in relation to this subject. Mr. Calvert who, from his writings, was obviously practically acquainted with the diseases of the rectum, states:

“Occasionally a great portion of the rectum is torn from its attachment, and everted, forming a large tumour, nearly equal in size to the fist, and containing, in some cases, a portion of the peritoneum, while at other times, although this happens very rarely in comparison, the colon, together with the cæcum, and even some portion of the ilium have formed the bulk of the tumour.”*

* Calvert on the Rectum, page 249.

It is not surprising that the old writers on surgery should have entertained these ideas of the disease, when we consider their limited knowledge of morbid and general anatomy; but that such opinions should be believed at the present time, does appear to me most extraordinary. It may be possible for a portion of the colon to be intersuscepted in the upper part of the rectum, but marvellous indeed must be the invagination, before the former intestine could be protruded through the sphincter; a distance altogether, according to the ordinary length of the lower bowel, of from ten to twelve inches!!! Yet are we led by what has been considered competent authority, to expect that we may have "important cases of invagination and protrusion of the colon and other intestines mistaken for prolapsus ani." *

Now it has occurred to me, more than once, to witness, during morbid examinations, a peculiarity in the formation of the rectum, which I think likely to produce an affection that may have been mistaken for the appearance in question. The intestine is sometimes of an unnatural length, in which case it is thrown into several lateral curvatures, which fall loosely in the pelvis, and are supported by the bag of the perito-

* Copeland on the Rectum, page 74.

neum. When examining the bowel to ascertain its healthy condition, I have felt these curvatures pressing upon the peritoneum, in subjects where this membrane, as it occasionally does, descended as low as the neck of the bladder. Now it is not improbable that a portion of these curvatures may become invaginated in the lower curve of the rectum, carrying in front of it the bag of the peritoneum upon which it rests. Furthermore, this affection may progress without vitally affecting the system, which is next to an impossibility in the cases to which I have adverted.*

* Among the cases narrated in the sequel, is one translated from a French author, which, if it be accurately reported, was in all probability of the latter description.

CHAPTER III.

ON THE CAUSES OF PROLAPSUS.

THESE I purpose to divide into the constitutional, or those which are connected with some peculiarity of the general health, or the ordinary pursuits and occupations of individuals; and the local, or where the affection occurs as a consequence of some other disease, either in the rectum, or the organs continuous.

Of the Constitutional Causes of Prolapsus.

Among the most general of these is protracted costiveness. Instead of the bowels being regularly and effectively relieved day by day, accumulations take place in the rectum, the softer portions of which are speedily taken up by the absorbents, leaving a residue of indurated feculent matter, which not only proves a continual source of general and local irritation, but by distending

the bowel for a continued period, produces a permanent elongation of its mucous coat; for although upon the removal of such accumulations, the intestine usually recovers its natural collapse, inasmuch as its internal coat is not endowed with any contractile power, it remains permanently elongated.

Diarrhœa, which frequently is but an effort of nature to rid herself of some morbid secretion or accumulation, which is irritating the intestinal canal, may lay the foundation of the disease. The violent straining which accompanies the desire to relieve the bowels, not only causes the distention of the minute vessels of the rectum, but likewise induces chronic inflammation, which generates a gradual deposition between the coats of the intestine, impairing its functions, and producing a permanent thickening of the part.

Sometimes the affection occurs as a consequence of some diseased state of the liver. Practitioners who are familiar with the examination of the diseases of the rectum, will immediately discover when this is the case; for in such instances there is a remarkable difference in the colour of the prolapsus, which presents a blueish appearance, arising from the stagnation of the blood in the minute extremities of the hemorrhoidal vessels.

Prolapsus may be caused by indigestion; from a general relaxation of the system, or from a want of due atten-

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tion to diet. I have known instances where the malady was engendered by the persevering use for many years of astringent food.

Another common source of the disease is sedentary employments, through which the biliary secretion becomes scanty, and a torpid state of the alimentary canal is induced. Persons thus occupied are too apt to indulge in the luxurious habit of sitting upon cushioned chairs, sofas, or stuffed seats. I have attended many cases of prolapsus among gentlemen of the legal profession, which I am certain were referrible to this cause only; and to the same source may be traced its prevalence among females of all ranks, and in the higher grades of society generally.

It may be induced from protracted and violent action of the abdominal muscles, particularly immoderate horse exercise, which preternaturally excites these parts, and thus propels the fluids towards the termination of the alimentary canal; or in other words, produces an artificial straining; while the friction accompanying the exercise increases the circulation in the nates, and parts immediately surrounding the orifice of the rectum. In like manner, it may originate in the violent efforts of these muscles, attendant upon parturition; or from any undue exercise of them when continued for a lengthened period.

Of the local Causes of Prolapsus.

Whatever circumstance prevents the free evacuation of the contents of the rectum, or opposes its natural function, may generate the disease; thus it is very commonly associated with piles, and in elderly persons, with an enlarged or diseased condition of the prostate gland. Not unfrequently it follows as a consequence of calculus, or some other disease of the bladder, or from obstruction in the canal of the urethra. In children, worms are a common source of the complaint.

It may result from local injury to the bowel. The affection sometimes originates in a morbid condition of the external sphincter muscle, which is either preternaturally weak or powerful; in the latter case compelling the patient to strain violently, when relieving the bowels; in the former, its action being insufficient to maintain or support the intestine in its natural situation.

But by far the most usual cause of the disease is a contraction of the gut itself, which not only offers a permanent obstacle to the action of the intestine, but also prevents the ready return of blood through the part; by which, the most dependent portions of the mucous mem-

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brane become infiltrated, and are permanently increased in size.

The foregoing may, I believe, be considered a brief summary of the causes of this disease ; and I next proceed to its symptoms.

CHAPTER IV.

ON THE SYMPTOMS OF PROLAPSUS.

ALTHOUGH the symptoms of the disease in its confirmed state are clear and decisive, it not unfrequently happens that it has extended to some considerable degree before the patient is conscious of its existence.

For a lengthened period, prior to the protrusion of the part, more or less difficulty is experienced in passing the evacuations, which feature being usually attributed to costiveness, is mitigated for awhile by the administration of purgative medicine. Before long, however, this difficulty increases so much that the patient is compelled to make considerable efforts to relieve the bowels, and even after the evacuations are voided, he experiences a feeling of distension just within the sphincter, attended with a desire to pass a further relief.

Discharges of blood now frequently take place from

the rectum, occurring sometimes spontaneously, at others immediately succeeding the efforts necessary to unload the intestine. The quantity of blood thus voided is often very great, and will sometimes continue for some days, reducing the patient to a state of extreme debility. This hemorrhage, however, is in the end salutary, since it lessens the bulk of the prolapsus, by unloading the vessels of the diseased mass.

At this period the sufferer, seeking relief from medical advice, is usually informed he has the piles.

The patient now frequently experiences pain in one or both hips, which extends into the lower extremities, being particularly felt across the insteps, or in the calves of the legs. This symptom, resulting from some degree of irritation in the sciatic nerve and its ramifications, is perhaps attributed to rheumatism. Before long, any effort to relieve the bowels produces acute pain at the sphincter, the individual likewise becomes conscious of something protruding, but as the substance retires immediately upon the bowels being relieved, it excites but little attention, till a portion of it becoming accidentally strangulated by the external sphincter, he is necessitated to return it by manual assistance.

In this way individuals will often go on for a protracted period, replacing the prolapsus themselves rather than having recourse to medical assistance. This

is commonly the case with females, who are naturally averse to any examination of the part; a most unhappy, although a pardonable error, and too frequently productive of irreparable mischief.

I was once called to a young lady whose life was in this manner nearly sacrificed. On my first visit I was led to suspect disease in the rectum, and upon inquiring she admitted that she had suffered for a long time from a substance coming down through the orifice whenever she went to the water closet; adding, "she had always kept the fact a secret even from her own family." I asked her why she had not communicated the circumstance to her medical adviser, to which she replied, "she should have done so long since had he ever led her to say any thing respecting it." In this case I found a prolapsus which had been strangulated by the sphincter for three days. The patient, who was in a perilous situation, was covered with a cold clammy perspiration, attended with sickness and pain over the whole of the abdomen, and she had made no water for more than four-and-twenty hours, indeed her symptoms altogether, were of the most urgent description.

But before the prolapsus has attained the condition last mentioned, its effects are visible, not only on the constitution, but even in the countenance of the in-

dividual, which generally assumes that cadaverous appearance indicative of disease of the rectum.

It now very soon becomes insupportably painful, and, from its magnitude, prevents the passing of the smallest evacuation without acute agony; exclusive of which misery, the patient is often compelled to lie down for an hour, or even two, immediately after the motions are passed, and thus patiently to wait the receding of the swelling. In the end, it descends upon the most trifling exertion, and even spontaneously, so that the sufferer is compelled to retain it within the sphincter, by mechanical assistance.

CHAPTER V.

ON THE TREATMENT OF PROLAPSUS.

Our first object should be to endeavour to remove or mitigate the disease without having recourse to operative surgery; but the attainment of so desirable an issue must necessarily depend upon the cause of the affection. If the disease has originated either in some peculiarity of the general health, or the constitutional habits of the individual, and is unconnected with any other affection of the lower bowel, or the organs contiguous; we are sometimes enabled to relieve most of the distressing features of the malady by the simplest possible means. With this view the patient should be cautioned to abstain from any recreation or employment likely to have given rise to the affection; such as horse exercise, or protracted sedentary duties. In the management of the general health our first care should be the condition of the stomach and bowels; endeavouring to avoid in every way all causes

of excitement to the alimentary canal, whether from diet or the administration of aperient medicine. It would be superfluous to enlarge upon the former of these two particulars, because the importance of such attention is now justly and universally appreciated. I need, therefore, only add, that the patient should be advised to be moderate in the quantity of diet, and to abstain from all kinds of astringent food; particularly rice, from highly seasoned meats, and from made dishes, crude vegetables, or fruits, the acid of which is likely to promote irritation in the villous coat of the bowels. Upon the same principle fermented liquors should be forbidden, equally with any extensive indulgence in wine.

The management of the bowels, however, is a point of such material moment, that it will be serviceable to allude to it somewhat more in detail. Although too great attention cannot be paid to prevent that costiveness which generally accompanies this disease, we ought, nevertheless, to be especially careful that we do not irritate the bowels, and more particularly the rectum, by the use of powerful drastic, or peculiar purgatives. There are medicines of this last description, as for example aloes, which are believed to have a specific action upon the rectum, and should, therefore, never be given.

The bowels are to be solicited to act by the administration of the smallest quantity of medicine of the mildest description. I believe it would be difficult to instance a system which has been productive of greater injury to the health of the community than the general use of violent and drastic aperients; and I am thoroughly convinced, that one of the causes of the extreme prevalence of the diseases of the rectum, at the present day, is the universal adoption of this most injurious practice.

We ought, likewise, to direct our attention to the state of the liver; for in most instances, (and here it may be necessary to remark, that I allude to the chronic prolapsus of adults, and not to the procidentia recti of infants,) we shall find the functions of this viscus more or less at fault. We should endeavour to obtain a healthy and sufficient secretion of bile; first, by equalizing the circulation of the liver, through the occasional loss of blood, by cupping, or the application of leeches, and afterwards by the exhibition of alterative doses of mercury. I have found it serviceable to unite this medicine with a grain or two of ipecacuanha, which, from its operation on the mucous coat of the intestines, promotes secretion, and thus lubricates their surface, and assists in rendering the evacuations less acrid and confined.

If the digestive functions are much impaired, we may assist the action of the stomach by aromatic bitters, combined with small doses of soda, or any other alkali.

Daily exercise, either on foot or in a carriage, is indispensable; when the latter is taken, a seat made of cane network, or an air cushion, should supply the place of that which is generally used; for in the treatment of prolapsus, as well as in piles, it is of the utmost consequence, that we avoid any circumstance likely to promote an undue determination of blood to the parts; which cannot be kept too cool, so as to admit of the evaporation of that secretion which in healthy individuals is constantly taking place from the glands around the orifice of the bowel. It would be beneficial to society at large, if this plan, which is at all times indispensable in the treatment of prolapsus, were adopted as an ordinary custom.

These compose the principal points to be observed in the constitutional treatment of prolapsus; and I next proceed to the local division of this part of my subject.

CHAPTER VI.

ON THE LOCAL TREATMENT OF PROLAPSUS.

AND first, of Enemas, commonly known by the name of Injections. I some years ago, in my treatise on contraction of the lower bowel, endeavoured to impress upon the public the important benefits which might accrue from the daily use of enemas; and is to me a source of gratification to perceive, that the prejudices at that period entertained against the plan have so far subsided, that it is now universally recommended and adopted. Highly beneficial as this system unquestionably is, it ought nevertheless to be exercised with judgment. Many persons, however, are daily in the habit of throwing immense quantities of fluid into the rectum, by which it is forcibly distended and irritated; thus, instead of the enema affording relief, it is productive of serious irritation. But a far greater evil resulting from this practice is, that the rectum, from the immoderate distention thus induced, is ren-

dered unsusceptible of the natural stimulus arising from the *ordinary* accumulation of feculent matter. I witnessed a case which illustrates this position very well. My attendance was requested, to examine the rectum of a patient who was considered to suffer from stricture. Upon making the investigation, I introduced, without any difficulty, a bougie of the size of number eleven. Both the individual and his medical friend expressed their surprise at the result of the inquiry, as the former had for some time nearly lost all power of relieving the bowels, which never acted without the assistance of medicine, or an enema. In the course of conversation, I accidentally discovered that he had been in the habit, under the direction of his medical attendant, of pumping a couple of quarts of thin water gruel into the intestine once, and occasionally twice, every day. By which plan he had not only destroyed the natural susceptibility, but produced a dilatation of the rectum.

I do not think that the quantity of fluid ought to exceed a pint, and two thirds, or even half of this portion, of tepid water, or water gruel, will usually answer every purpose. A variety of instruments have been constructed for administering enemas, some of which are absolutely pernicious, from the forcible manner in which they distend the intestine; while others are more remarkable for their elegant exterior and extravagant

cost, than for their simplicity or usefulness. I know of no better apparatus for this purpose than the common elastic bottle and pipe; by the addition to the former of the long tube, the fluid may be thrown into the most superior part of the rectum, or even the colon, with the utmost facility; so as to ensure the evacuation of any accumulation in the upper curve of the bowel, an effect which cannot always be produced by the instruments in general use, which are apt to produce spasmodic action of the lower part of the rectum, from the sudden manner in which it is distended.*

Astringent washes, such as decoction of oak bark, or a weak solution of alum, or sulphate of zinc, are of service in preventing the protrusion in its early stages, when it consists simply of an elongation of the healthy mucous membrane. Some surgeons have advised the use of stimulating applications, for the purpose of producing adhesive inflammation between the villous and muscular

* In Paris they administer enemas in a very simple manner, upon the principle of hydraulic pressure. It consists in filling a narrow water-proof bag, capable of holding about a pint, and made larger at one extremity than the other, with any kind of fluid. To its smallest end a common injection pipe is affixed, which, being introduced into the bowel, the individual, or an attendant, holds the bag in a perpendicular direction, by which the fluid, from its own pressure, is propelled into the rectum. Excellent as this system certainly is, it is not applicable to every purpose, like the elastic bottle, which permits of any quantity of fluid, however trifling, being injected into the intestine with facility.

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coats of the rectum ; a practice I should not recommend ; for when these applications are used weak, they cannot be expected to promote any such result ; and if they are of any material strength, they are more likely to have an injurious operation on the mucous surface of the bowel, than the effect we are desirous of producing.

Leeches to the orifice are beneficial ; especially in those cases which are connected with a disordered or diseased condition of the liver. I prefer this method to that of abstracting blood by cupping the side, because it has the double effect of unloading the vessels at the lower part of the rectum, and of acting upon the circulation of the liver, through the connexion which exists between the vena-portæ and the hemorrhoidal veins.

The introduction into the bowel of opiate suppositories, the application to the orifice of sedative lotions, which had better be used tepid, or of the belladonna, prepared in the proportion of two drachms to one ounce of elder flower ointment, may be advised, for the purpose of relieving that distressing irritability of the sphincter attendant upon this disease. I cannot say that I have obtained so much benefit from the two former of these applications as I could wish ; nor, in fact, ought we to expect uniform success from them, since the prolapsus is often produced from some other disease of the rectum, or the organs contiguous.

Chloride of lime, in the proportion of half a drachm of the solution to one pint of water, a third part of which may be used as an enema night and morning, is a valuable auxiliary in the ulcerative stage of the disease. By this being retained in the rectum, it lessens local irritation, and corrects the offensive odour of the discharge from the tumour.

Another point for consideration, is the use of bandages. Although our object is to endeavour to remove the disease, there are, nevertheless, instances where the application of bandages, as a local support, is not only useful, but absolutely necessary.

When the prolapsus occurs in elderly persons as a consequence of some affection of the urinary organs, or from enlargement of the prostate gland; or when the constitution is so much impaired, that the removal of the disease might hazard the life of the individual, their application is extremely serviceable. By the support they afford to the part, it is retained within the sphincter, so as to enable the patient to enjoy a state of comparative ease and comfort. The bandages commonly used for this purpose are, I think, productive of more injury than benefit; since from the manner of their construction, they irritate the sphincter, and thus increase, instead of diminishing the disease. The best apparatus I know of, is one lately constructed by Mr. England, of Coventry

Street ; which, while it affords a support adequate to retain the prolapsus within the sphincter, at the same time yields, from the manner of its construction, to the various positions of the body, so as not to produce any degree of local irritation. It is likewise adapted for the relief of the procidentia recti of infants. Altogether, it is a most useful invention, and if it were sold at a somewhat more moderate cost, would soon be in general use.

But, by far the most essential point in the local treatment of prolapsus is to ascertain that there is not any diminution of the caliber of the rectum from stricture ; for it is obvious, that if such affection does exist, any attempt to cure the prolapsus, more especially by operation, is but a useless employment of time. From the instances which have occurred to me in the course of my practice, as well as from the conversations I have had with various professional friends, I am fearful that this important point is usually overlooked, not alone by the medical public, but even by those members of it whose practice is more particularly confined to the diseases of the lower bowel. The principal cause why this course is not usually adopted, is the belief, that stricture of the rectum exists within reach of the finger *only*. The annular circular contraction will usually be found near to the orifice, owing to the great preponderance of the circular muscular fibres at

this part; but, as I have before shown, obstructions likewise commonly take place at the angles of the gut, where the cavity of the bowel is often diminished from a deposition between the coats of the intestine. Furthermore, if we reason upon the subject physiologically, we ought not to expect to find (in cases of prolapsus) the stricture near to the orifice, since, when it is so situated, there cannot be a sufficient length of the mucous membrane below the stricture to be prolapsed. Within the last fifteen months I have removed, by excision, five cases of prolapsus, all of which occurred in conjunction with stricture of the rectum; and two of the subjects of these cases had previously undergone the removal of the disease by ligature.

I have in my possession the rectum of an individual who died from hemorrhage succeeding to an operation for piles: in this instance there is a stricture of the intestine, a circumstance which was never contemplated by the medical attendant, but which, in all probability, led to the fatal result of the operation.

Now, even if the prolapsus is unattended with stricture, no possible injury can result from the examination of the rectum, at least if it is done in a careful and scientific manner; for I need hardly add, that the use of instruments is one thing, and the abuse of them another. Moreover, when there is not any obstruction in the

30 OF THE LOCAL TREATMENT OF PROLAPSUS.

bowel, a few introductions of the bougie are of service by lessening that irritable condition of the bowel which commonly accompanies the disease.

It is with me a rule, from which I never digress, not to perform any description of operation for the removal either of piles or prolapsus, without first satisfying myself of the condition of the lower bowel; and it is a source of extreme gratification to reflect that I have never had a single case (although my practice has been pretty extensive) in which the operation has terminated fatally, or in which I had any material difficulty to encounter.

I can state with the utmost confidence, that the introduction of the rectum bougie will generally be found a valuable auxiliary in the local treatment of this disease; under its careful use, in conjunction with strict attention to the constitutional treatment of the case, we may be able to mitigate, and even to remove, the prolapsus: too often, however, we shall find it necessary to have recourse to other means, which bring us to the management of the disease when requiring the assistance of operative surgery.

CHAPTER VII.

ON THE DIVISION OF THE SPHINCTER.

THE use of this muscle, as it is well known, is to support the bowels and by closing the end of the rectum to retain its contents. It is however, sometimes, preternaturally strong; in which case the power, which is intended merely for support, becomes a permanent obstacle to the function of the bowel, which cannot be emptied without an improper degree of effort. This alone is adequate in time to produce a prolapsus.

Much of the irritability and spasmodic contraction which generally result from this peculiar formation of the part, may be removed by the occasional introduction of the bougie, or the use of a plug. An instrument of the latter description should be passed daily, and retained in the sphincter for some time previous to the period the individual is accustomed to

the empty bowel. The size of the plug must of course vary according to the condition of the sphincter. But we are not to expect always to relieve the part by this simple method; and to effect a permanent relief it will be necessary to divide the muscle.

I have been in the habit of accomplishing this in two ways; either by a simple incision through the muscle, or by the removal of a triangular portion of it. When the sphincter is narrow, the former method will generally answer every purpose; but when it is unusually broad, it is best to adopt the latter course.

Not very long ago, I had occasion to operate in a case of fistula, in which the irritation and spasm of the sphincter were so powerful, that the patient could not bear the introduction of the finger into the rectum. He was, likewise, of an extremely irritable habit both of mind and body. Just as I was in the act of dividing the muscle, he forcibly laid hold of my right hand, by which the point of the bistoury was plunged into the forefinger of my left. Owing to this untoward circumstance, I was led to construct the dilator,* a drawing of which will be found among the plates at the end of the Treatise. This will be found a useful instrument; most materially simplifying the

* Plate 4, Letter a.

operation for fistula, and for the division of the sphincter. Not long after I had constructed it, a member of the medical profession called at the surgeon's instrument maker whom I usually employ, and inquired, "if they had not lately made a new kind of instrument for the purpose of dilating the anus in the operation of fistula?" to which the foreman replied, "that they had not;" the individual then said, "It is something shaped like a thimble." In justice to myself I have deemed it right to narrate this circumstance; not that it is of any material moment; but because I have reason to believe that the individual who made the inquiry had an ulterior object in view.

The day immediately previous to the operation, the patient should take such a quantity of aperient medicine as may ensure the free evacuation of the contents of the bowels, after which he should not be permitted to eat any solid food for eight and forty hours subsequent to its performance. The first step is to introduce the dilator,* and having turned the vacant portion of it toward that part of the muscle which we intend to divide, to remove the handle. An assistant should retain the instrument in its place, by placing one of the fingers of either of his hands, which are employed to separate the

* Plate 4, letter A.

nates upon the rim of the dilator. All that is now necessary in the simple division of the part is, to carry the knife at one bold stroke from within outwards through the muscle into the cellular substance around the anus. When we think it advisable to remove a portion of the muscle, the instrument, numbers two or three,* must supply the place of a scalpel. Either of the scoops, according to the degree of separation we deem it proper to make, is to be passed through the soft parts at the edge of the muscle, and carried from without, inwards, till it is brought out in the hollow of the dilator. In this manner, either of the divisions may be accomplished in a very trifling space of time. Should any large vessels be divided, there will be no difficulty in staying the hemorrhage, since by the use of the dilator we have a very good view of the parts. To ensure the success of the operation, we must be cautious not to allow the wound to heal from its edges; which are to be kept separate by the introduction of cotton wool, dipped in oil: in which manner it should be dressed from the bottom until it is healed. In order to prevent any contraction after the cicatrisation of the part, it is best to occasionally introduce a plug.

* Plate 4, letters G, G.

CHAPTER VIII.

ON THE REMOVAL OF THE PROLAPSUS BY THE ASSIST- ANCE OF OPERATIVE SURGERY.

IN a former work, I endeavoured to lay before the profession a candid and impartial survey of the comparative merits of the operations by ligature, and excision, for the removal of piles. The reasoning I then employed, is in all points so strictly applicable to the present subject, that I think I cannot do better than transcribe my observations in this place. I then stated, that,

“ In the removal by ligature, we shall have to en-
“ counter much local irritation, and not unfrequently
“ severe constitutional disturbance; over which, when
“ it is once excited, we have but a limited control. Pro-
“ vided there are several tumours (a common occur-
“ rence), we shall be necessitated to perform several
“ operations. The application of the ligature is usually
“ extremely painful, its operation tedious, and not un-

“ frequently incomplete, either from the ligature getting
 “ loose, or by reason of the base of the tumour being
 “ left, which forms a nidus for the return of the disease.
 “ The treatment after the removal of the tumours is
 “ likewise protracted ; and, lastly, it is, I think, inap-
 “ plicable where there is any material distension of the
 “ hemorrhoidal veins.

“ The application of ligatures to veins is, I think, one
 “ of the most uncertain operations in surgery. I have
 “ so often seen fatal results follow their use, that I con-
 “ fess I am not a little prejudiced against the operation ;
 “ and I believe that the failure of the removal of the
 “ excrescence by this plan is often referrible to the in-
 “ judicious manner in which the ligature is placed upon
 “ the enlarged hemorrhoidal vessels.

“ Now, the removal of the excrescence by excision is
 “ more expeditious, it is more complete, the pain is less,
 “ as is the danger either of local inflammation, or of
 “ constitutional disturbance; the parts heal more kindly,
 “ and, finally, when we are compelled to divide the en-
 “ larged hemorrhoidal veins, the probable danger from
 “ hemorrhage is not by any means so great as that
 “ which is to be apprehended from the constitutional
 “ and local disturbance which almost invariably follows
 “ the including of them in a ligature.

“ A reasonable objection may be advanced against

“ the operation by excision, in the division of the mucous
 “ membrane of the part ; but I would fearlessly ask, Is
 “ the danger of inflammation from this cause greater
 “ than that which is likely to ensue from the application
 “ of a ligature to the same part ? I should think not.
 “ So far as my experience has gone, I can only say, that
 “ I have repeatedly performed the operation by excision
 “ with perfect success. Occasionally I have had to en-
 “ counter hemorrhage ; but never to such an extent as
 “ to endanger the life of the patient, or, indeed, even to
 “ be a source of serious apprehension. I am inclined,
 “ therefore, to believe, that when bleeding ensues to any
 “ considerable extent, it is in those cases where the
 “ tumours are accompanied with an enlarged or other-
 “ wise diseased condition of the liver, with stricture of
 “ the bowel, or such an unhealthy state of the constitu-
 “ tion as may give rise to an hemorrhagic disposition
 “ in the vessels at the lower part of the alimentary canal ;
 “ and in the neglect of the due observance of any of
 “ which circumstances, not only the danger, but the
 “ unsuccessful issue of *either* description of operation is
 “ very likely to originate.”

Every candid mind, after the perusal of these re-
 marks, must, I think, admit, that if we could combat
 the danger from hemorrhage, the operation by excision
 would be in *every* point of view most preferable.

For the purpose of accomplishing so desirable an end, I contrived the plan delineated by the drawing in the sequel; through which, not only every reasonable apprehension of danger from hemorrhage is removed, but the operation altogether, materially simplified.

The patient having been prepared for its performance in the same manner as for the division of the sphincter, the prolapsus is to be brought in view by the efforts of the individual, promoted by the use of an enema. The sufferer being placed in a convenient position, an assistant separating the nates, one or more of the pins,* as may be necessary, is to be passed from above downwards transversely through the basis of the tumour; these penetrating the muscular coat of the bowel, will prevent the return of the intestine after the diseased part is removed. The pain produced by this part of the operation is insignificant.

The prolapsus being thus secured, the operator, with the hook† or the forceps,‡ is to lay hold of one of the prominent portions of the tumour, and to draw it gently towards the opposite side; with one stroke of the scissors§ he is then to remove the part as deep as the line of division between the mucous and muscular coats of the rectum, the latter of which should be left

* Plate 4, letter D.

† Plate 4, letter E.

‡ Plate 4, letter F.

§ Plate 4, letter C.

entire, otherwise a permanent difficulty of relieving the bowels will follow the operation. In like manner all the protruding portions of the prolapsus are in succession to be taken off.

When treating of the morbid anatomy of this disease, I stated that there is in general a portion of the tumour just around the sphincter of a darker colour than the rest. Superficial layers only of this part should be embraced by the forceps and paired off; care being taken not to interfere with the fibres of the internal sphincter, forming the extremity of the rectum.

If any *material* bleeding occurs, it is to be checked by the means generally used for stemming hemorrhage, such as cold or astringent washes. In most cases the flow of blood, which it is better to encourage to a certain degree, will cease spontaneously; but if we are compelled to apply any ligature, it may be done with facility, as while the pins remain in their situation, we have a commanding view of the parts.

It is my custom to leave the pins in their place for an hour or more after the operation, or the cessation of hemorrhage, to permit the blood to coagulate in the extremities of the divided vessels, by which we prevent any recurrence of bleeding after the bowel is restored to its natural situation. Having removed them, the surface of the divided part should be smeared with sweet

oil, and the rectum returned within the sphincter in the gentlest possible manner.

The after treatment of the case is usually simple, requiring only that the patient be kept in a state of perfect quietude, and supported upon the most sparing diet, of a liquid description; so as, if possible, to avoid the necessity for passing any evacuation for the first two or three days. At the expiration of such time, the action of the alimentary canal is to be induced by the administration of a mild purgative, assisted during its operation by an enema.

If, however, any serious constitutional or local disturbance ensues, it must be subdued in the most prompt and efficient manner; but I have never known an instance where any serious consequences resulted from the operation by excision, *when performed after a due attention to those material points I have before alluded to*. In one or two cases, the patients experienced a numbness, attended with some little pain in the lower extremities, for a day or two immediately succeeding the operation; and in another, retention of urine ensued two days after the removal of the prolapsus.

A good deal of blood and matter will usually be voided with the evacuations for several days; and the lower part of the rectum being inflamed and distended will descend at the time the bowels are relieved upon a

level with the external verge of the sphincter; so that at first the patient is inclined to doubt the success of the operation. Both of these symptoms will, however, gradually subside as the wound heals, and the parts become consolidated from cicatrisation.

The recovery of the patient is in general rapid; the operation commonly not interfering with his pursuits for a longer period than a week or ten days; and more than once, individuals have walked a considerable distance to my residence within a week from the removal of the prolapsus.

CHAPTER IX.

ON THE REMOVAL OF THE PROLAPSUS BY LIGATURE.

SERIOUS as unquestionably are the objections against the removal of the disease in this manner, we may nevertheless be compelled, in accordance with the desire of the patient, to adopt its performance.

It has been recommended to pass a ligature round the basis of the most prominent part of the prolapsus, which is generally in the centre. But the substance to be thus embraced, is oftentimes of considerable size, and certainly much too large to be removed by a single ligature in that expeditious manner which is desirable; and to this method of applying it, in conjunction with the coarseness of the ligature used, many of the bad consequences which oftentimes follow the operation are perhaps referrible. The ligature, which after all is but

a blunt knife, removes the diseased mass by two processes; first, by depriving the body of the tumour of its due supply of blood, and secondly, from making its way through the basis by ulcerative absorption. Now while it is obvious that the former of these effects may result from the application of the finest ligature, it is equally clear, that the larger its substance, the greater the time it will take, and the more extensive the irritation which it will produce, in accomplishing the latter. The following is the method of performing the operation:

The prolapsus being brought into view, an assistant separating the nates, the operator is to lay hold of one of the prominent folds of the tumour with the hook, or forceps, and to pass a fine needle, threaded double with dentist's silk, previously waxed, through its basis at the line of the division between the mucous and muscular coats of the gut. The needle being removed, the ligature is to be tied at both ends of the tumour, which will consequently be divided into two parts, by which the removal of it will be expedited, and the danger of the operation lessened. After the application of the ligature, a large dose of laudanum should be administered, and the patient kept quiet in bed.

The time of the ligature coming away must of course vary, in proportion to the extent of surface it embraces.

Sometimes it will be separated in eight and forty hours; far more commonly it is four or five days, and sometimes it is a much longer period before the patient is relieved from the annoyance: but until this desirable event has taken place, the individual cannot be considered out of danger. The pain which attends the progress of the ligature is oftentimes very great; nor are we able, by any treatment which I know of, much to mitigate it; it is generally requisite to keep the patient during the whole time of its application, under the influence of opiates. This evil, however, is but trifling in comparison with the serious local and constitutional mischief which too frequently succeeds its use. Tetanus, inflammation of the bladder, and of the bowels, are results which I have witnessed. In conclusion I will only add, that the operation is, in my limited judgment, hazardous and painful in its performance, and uncertain and incomplete in its results.

CHAPTER X.

ON THE PROCIDENTIA RECTI OF INFANTS.

THE power of the external sphincter during infancy and the early stages of life is so feeble, that any undue exercise of the diaphragm or abdominal muscles, will often evert the rectum, which at these periods is only slightly attached to the posterior part of the pelvis and some of the viscera within it. Hence, this affection is common in sickly children, and during the time of dentition, when the infant being fretful and irritable, excites, by frequent crying, an immoderate action of these muscles. All that can here be done, is to return the part within the sphincter, and there to retain it by the application of pressure by the hand, or by Mr. England's bandage, assisted by the use of cold astringent lotions. I generally advise the following formula :

Recipe, Ammon : Muriat : ℥ii.
 Potass : Nitrat : ℥ii.
 Aquæ Rosæ ℥iv.
 Misce. Fiat lotio.

The nurse should be directed to damp a small pad of linen rag with a wash of this description, and apply it to the orifice, using as much pressure as may be necessary to keep the bowel from being protruded; for an hour or better. Care should likewise be taken to prevent any accumulation in the rectum; for which purpose a trifling portion of castor oil, or a sufficient quantity of manna is to be given, and the intestine afterwards emptied daily for some days, by an enema only. The assistance of this latter plan in the care of the health of children, I cannot too strongly recommend; for as the gradually developed mental capacity of a child may, by good management, be directed aright; so may its constitution be improved or impaired, according as we excite the natural function of the alimentary canal by judicious measures. The prevailing custom of giving purgatives to children is extremely reprehensible, frequently laying the foundation of internal disease, even before they arrive at the age of puberty.

We shall not, however, be able always to get rid of the prolapsus by these simple measures, for it may be occasioned by worms in the rectum or cells of the colon, which it is requisite to remove. I need not allude to the various symptoms produced by the presence of these vermin, but the extent to which they will accumulate is surprising. In the instance narrated in

the sequel, a large tea-cupful of them was voided in one day; and I have seen a much greater quantity brought away after the exhibition of oil of turpentine. I have been in the habit of recommending this medicine to be thrown into the colon, by the assistance of the elastic tube and bottle, in the proportion of two drachms, to four ounces of water or thin gruel, night and morning, for a day or two. Provided this does not produce the desired effect, I advise the same quantity mixed in a little milk, to be given by the mouth, a couple of hours or so after breakfast; this time is preferable to the morning; for when the medicine is taken upon an empty stomach, it will very often be rejected. Should the first dose be insufficient, it ought to be repeated after an interval of a couple of days, when it will seldom fail of producing the desired effect. I have likewise injected the chloride of lime in various proportions, for the same purpose; but I cannot say that its application has been equally efficacious. A child, not three years of age, was lately sent to me, in whom a contracted orifice of the urinary passage had produced a prolapsus. In this instance I enlarged the meatus externus; and upon subsequently passing a urethra bougie, discovered a severe contraction at the membranous part of the canal. This circumstance I long ago mentioned, as occurring frequently in the adult,

but I have never before witnessed it at so early an age.

If the rectum be suffered to remain long everted, it will produce serious irritation in the parts with which it is continuous; I have several times witnessed cases of irritable bladder, or of profuse discharge from the anterior passage, from this cause. I have added a case of procidentia recti to the plates, the narrative of which illustrates these facts, as well as the effect which may be produced upon the villous coat of the bowel, when it has been prolapsed for any length of time.

DEDUCTION.

THE foregoing observations, I think, show that it is our first duty in the treatment of prolapsus, to endeavour to relieve it by correcting the cause, whether local or constitutional, in which we may be of opinion it has originated; and should we fail in accomplishing this desirable result, to remove the disease by the aid of operative surgery. It is scarcely necessary to add, that the latter plan ought never to be adopted without our being thoroughly satisfied of its absolute necessity. In the course of practice, cases will arise in connexion with some peculiarity of the constitution, or occurring as a consequence of another disease, in which the removal of the prolapsus will not only be injurious, but dangerous. These, as well as various other incidental points which occur in the management of the complaint, must be left to the discretion and judgment of the surgeon of experience.

CASES OF PROLAPSUS

WHICH WERE REMOVED, OR MATERIALLY BENEFITED, WITHOUT THE ASSISTANCE OF OPERATIVE SURGERY.

CASE I.

Mr. —, aged 48, Sept. 24, 1829, had for a long time suffered from piles, which he believed resulted from the costive state of his bowels. He had been unable for years to pass his motions without great straining; and latterly he had voided a great deal of blood from the bowel, which came down whenever he attempted to pass an evacuation. He used to pay but little attention to this last annoyance, since it did not give him much pain; but of late it had become exceedingly troublesome, as the part came down after any great fatigue, or even upon the degree of exertion which his occupation in business obliged him to undergo.

I recommended him the daily use of an enema composed of a decoction of oak bark, mild doses of milk of sulphur, in conjunction with alterative medicines. By

persevering in this plan for rather better than a month, he derived material benefit. On the second of November I examined the rectum, and found an obstruction at seven inches from the exterior, which would only admit of the introduction of a bougie of the size of number seven. By persevering in the use of the instrument, the size of which was gradually increased, together with strict attention to the management of his health, in the course of six weeks he was so far better, that he was enabled to manage for himself. The prolapsus now gave him but little trouble, seldom occurring, unless he underwent great fatigue, or permitted his bowels to be confined, which he endeavoured to avoid as much as possible by the use of the enema.

An instance of Prolapsus in conjunction with Ulceration of the mucous coat of the Bowel, which occurred as a consequence of Obstruction in the Rectum five inches from the exterior. Narrated by the Patient.

CASE II.

“ In September, 1825, I was much annoyed by frequent calls to the water closet. Upon inspection of what passed from me I discovered that it was principally composed of slime and blood. I mentioned this to a medical friend, who prescribed blue pills, and told me that by taking these regularly the dysenteric symptoms would soon vanish. I followed his advice, but derived no benefit. I now began to feel excessive pain at the lower part of the gut at all times, so much so, that I was very uneasy whether sitting or standing. I then applied to the surgeon of the ship I belonged to, who considered it advisable to give me more mercury to produce a soreness of the gums, and he informed me he had no doubt of curing me previous to my being called upon to join my ship in

“ the month of January. He, however, did me no good.
“ During the time I was under his treatment, I was
“ advised to attend strictly to regimen, and was not
“ allowed to eat any animal food. My diet consisted
“ of light puddings and vegetables. Under this re-
“ gimen I soon became very weak, and much reduced
“ in flesh. The time soon after arrived for me to join
“ my ship, and although little able to bear the fatigues
“ of duty, necessity drove me from the shore, and for a
“ month or six weeks I was without medical advice,
“ and eat and drank just as I had been accustomed,
“ without finding my complaint either the better or the
“ worse for it. On the surgeon joining the ship I
“ placed myself under his care. He explained to me
“ that the frequency of my motions arose from a torpid
“ state of the liver, that bile did not flow regularly, and
“ that a regular course of mercury was the only thing
“ to stimulate the liver to proper action. Mercury was
“ therefore again commenced upon, and shortly after
“ leaving England my mouth became sore, and it was
“ considered right to keep the action up all the way to
“ Bengal. My diet during this time was confined to
“ boiled rice, sago, &c. On the arrival of the ship
“ in India, I had become so emaciated that it was
“ supposed by all my shipmates I could not live long.
“ I was then sent to Calcutta, and placed under the

“hands of a most respectable physician, who said
“it was not proper to give me more mercury, and
“advised me to return to England as soon as possible.
“I remained at Calcutta six weeks, but derived no
“benefit from his attendance. The constant desire
“to go to the stool still remained, and it frequently
“happened that I could not reach the night stool before
“the evacuations would pass.

“In September, 1826, I embarked, and from that
“time until my landing in England, in March, 1827,
“I took no medicine, nor was I under any medical
“gentleman’s care. My appetite was good, but the
“desire to go to the water closet was as frequent as
“ever, accompanied by great straining and pain in the
“rectum. I observed, likewise, that whenever I went to
“stool the gut used to come down, and I was frequently
“obliged to put it back with my finger. On my arrival
“in England I once more put myself under the hands
“of one of my old shipmates now settled on shore, who
“after he had attended me about two months, recom-
“mended my going to the sea side for the benefit of
“sea bathing. I therefore went to Plymouth, and soon
“found myself materially better for the change; I was
“so far relieved that I slept soundly, was never
“disturbed in the night by an inclination to go to stool,
“nor did I pass more than three evacuations during

“ the twenty-four hours, and I was also able to take
“ daily exercise: still blood and slime continued to pass
“ from me at intervals. In October I quitted Ply-
“ mouth, and once more joined my ship to undertake
“ another voyage to Bengal and China.

“ I did my duty during the passage tolerably well,
“ being obliged occasionally to lay by, and I returned
“ home at the conclusion of the year 1829, no better,
“ but if any thing worse, than when I left England.
“ During these four years the pain in the rectum has
“ often been very great, and I have frequently felt
“ pains in the loins, and cramps in the legs and thighs.”

When this gentleman first consulted me, on the 17th of April, 1829, his health was seriously impaired, he was much debilitated, scarcely able to take any exercise; he suffered from acute pain in the rectum, from which quantities of mucous and blood passed daily; the desire to relieve his bowels was extremely frequent, and the intestine descended at every attempt; he had occasional night sweats, with cough, and a pain in both sides, the right principally. I learned that his bowels had usually been much constipated before the attack of irritability of the rectum came on, for which symptom he had taken no trifling quantity of medicine. After I had seen him three or four times I gave it as

my opinion, that the irritable condition of the rectum, and the discharge, resulted from some mechanical impediment in the bowel, but I did not think it prudent to satisfy myself of this particular until I had quieted the rectum by local measures, assisted by attention to the general health. To accomplish this, I advised the daily use, night and morning, of the chloride of lime as an enema, in the proportion of half a drachm to half a pint of tepid water, and the occasional application of leeches to the orifice of the bowel: I also desired him to use when sitting a chair the seat of which was composed of cane network, and I gave him the following medicine:

Recipe, Hydrarg : cum Cretâ grs : iij.
Pulveris Opii gr : ss
Cons : Ros : q. s. Misce. Fiat pilula, nocte mane-
que sumenda.

Recipe, Potass : Sulphatis grs : xv.
Confect : Aromat : ʒi.
Tinct : Sennæ ʒii.
Aquæ Menthæ virid : ʒx. Misce. Fiat haustus
omni 3tia mane sumendus, si opus sit.

By following up this plan, in conjunction with minute attention to his diet, which was principally composed of broth, bread and milk, sago, and arrow root, with a total abstinence from vegetables and fruits, he, in the course of a fortnight, was improved. He had par-

tially recovered his strength, his bowels acted more regularly, the discharge of mucus was diminished, and he had not so much pain or falling down of the bowel. On the 4th of May I examined the rectum. Upon introducing my finger I could discover nothing more than a baggy enlargement of the columns of the bowel: I then attempted to pass a number eight bougie, but I could not get it beyond five inches: I was subsequently able to introduce a number seven into the colon. The bowel was irritable, but the introduction of the instrument did not give him any material uneasiness. I advised him to follow the same plan he had been pursuing, together with the occasional use of the bougie: I also recommended in addition, small doses of the sulphate of quinine, twice daily. His friends being anxious respecting him, wished that he should see Mr. Wardrop, who, though he entertained an opinion of his case somewhat less favourable than myself, nevertheless advised that he should persist in the plans I had recommended. It is not necessary to describe the daily appearances of this case: suffice it to add that it continued to proceed favourably, and on the fifteenth of June I was able to pass a number nine bougie, without any pain or difficulty worth mentioning. He was now much better in every respect, having scarcely any discharge of slime,

and no blood in his motions, which, for the last day or two had passed figured, a circumstance he had not known for a long period; they were also well coloured by healthy bile. I now advised him gradually to leave off the alterative medicine; to substitute plain water, or water gruel, for the enema he had been using, and to take the following stomach medicine:

Recipe, Tinct: Card: comp:

——— Cascarillæ ā ā ʒiij.

Spt^{ls}: Ammon: comp: ʒii.

Aquæ Puræ ʒv. Misc. Sumantur cochlearia duo magna, ter in die.

As an aperient, I advised small doses of castor oil, or milk of sulphur. I likewise sent him into the country for the benefit of purer air. On the twenty-ninth he called upon me again; his improved appearance was surprising, and he admitted that he felt himself better than he had been for years past. He had voided no blood for some time, and but little mucus passed in his motions, which were usually plentiful, of a more healthy quality, and figured. I now recommended that he should discontinue all medicine but the stomachic, and that he should use the enema every other day only. He continued to get on better and better till the month of October, on the 9th of which I received a letter from him, wherein he stated,

“ I am happy to say that I have at length recovered from the distressing illness I was afflicted with, on my application to you in April last. I am regular in my bowels, not having more than two motions in the twenty-four hours, and I am not any longer troubled with excessive straining when at stool; nor have I noticed for a long time any discharge of mucus. My appetite is uniformly good, and I am at present as stout in person, and as capable of undergoing fatigue as at any period of my life.”

Remarks.—A few weeks subsequent to this gentleman's taking his leave of me, my opinion was asked as to whether I thought he might be intrusted with the care of a ship which was going to India. I said that I thought he might, but at the same time requested that Mr. Wardrop's judgment should also be taken upon the subject. I believe this was done, and that he acquiesced in my decision. Some time after he sailed, and I have the pleasure to add that I saw him after his return, about two months ago; he had remained perfectly well, was grown fat, and altogether restored to sound health.

CASE III.

A gentleman consulted me on the 13th of March, 1830. For some years past he had been annoyed with the piles, and latterly by some substances coming down whenever he went to the water closet, or upon taking any moderate exercise. He had always been of a costive habit of body, and was salivated some years since for a disease of the liver. His digestive functions were impaired, and his system altogether much deranged. In this case I examined the bowel, and discovered an obstruction about six inches up, which admitted only of the introduction of a number seven bougie. I recommended my usual plans, which it is not necessary for me to recapitulate, together with alterative medicines, to assist the action of the liver; at the same time I apprised him, that I was fearful the prolapsus could not be completely removed without an operation. Under the use of the bougie, and the plans advised, he became so much better that he took his leave of me to under-

take a journey into the country. Upon his return to town he wrote to me, stating,

“ A pressure of business has prevented me the pleasure of giving you a call to inform you of the state of my health as you desired. A period of two months having elapsed since my last visit, I am enabled to say how very much my complaint has been benefited, and my general health improved, by your skilful and judicious treatment.

“ You had the candour to tell me that my complaint had advanced too far for me to expect a perfect cure without submitting to an operation, which might be necessary at some future time. I am however inclined to believe, from the good effect produced by the bougie under your application, that with proper attention to the state of my bowels, and by occasionally taking the medicine you prescribed, I shall indefinitely procrastinate, if not altogether avoid, that painful alternative.

“ Before I had the benefit of your assistance I never quitted the water closet without a protrusion of the rectum, which became inflamed, much swollen, and was attended with considerable pain and discharge, which annoyed me the remainder of the day, and became much aggravated by exercise. I am happy however to say, that these unpleasant symptoms are

“ now so rare, and so slight, that their recurrence may
 “ invariably be attributed to inattention on my part, by
 “ an occasional disregard of regimen, or the state of
 “ my bowels.” * * * * *

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CASE IV.

I especially request attention to the following narrative, which is so clearly and satisfactorily given by the intelligent and excellent individual, who was the afflicted subject of it, that any comment from me is altogether superfluous.

“ From my earliest recollection I have been of a
“ costive habit of body: when at college, at from seven-
“ teen to nineteen years of age, it was my usual custom
“ to relieve my bowels once in eight days; and I re-
“ collect being fifteen days without any passage from
“ the bowels taking place; I also suffered from oc-
“ casional attacks of piles. At the age of twenty, I
“ went to Portugal, and at the end of a year I returned.
“ From the state of my health it was then apprehended
“ I was disposed to consumption, but I had no cough.
“ In 1816 I went to Bengal, where I landed in Septem-
“ ber; in this year I had a most furious attack of the

“ piles, without any apparent reason. In 1817, 18, 19
“ and 20, I had repeated attacks of bilious remittent
“ fever, such as is common in hot climates. The bile
“ I voided was generally black as ink, or green, like
“ chopped spinage. It was so acrid that in passing
“ out of the rectum, I can only compare the pain it
“ produced to cutting with a knife, or boiling water on
“ the part. In May, 1821, I had an attack, which
“ obliged me, after sufferings impossible to describe, to
“ leave the country in January, 1822. During this last
“ illness, I have reason to think I was prescribed for
“ but with little skill ; though I had not much fever, I
“ was made to take five grains of calomel every hour for
“ several successive days ; so that when I was obliged
“ to leave the country, either from the abuse of remedies
“ or disease, I was reduced to the most deplorable state
“ of weakness, so much so, that when I was put on
“ board ship, no one expected I would leave the Bay
“ of Bengal alive. I had various vicissitudes of health
“ from the time of my arrival in this country, in June,
“ 1822, till the spring of 1825, visiting different watering
“ places, and travelling with temporary benefit. When not
“ drinking mineral waters, I was daily obliged to take
“ purgatives of some kind or another, generally of the
“ most drastic description. I also consulted various phy-
“ sicians, with more or less benefit. The winter of 1824

“ and 1825 I passed in Paris, where I consulted a French
“ physician, who recommended me to renounce purga-
“ tives, and to use lavements, but I revolted at the idea,
“ and refused to follow his counsel. One part of his
“ advice I did adopt, and with decided benefit ; that of
“ giving up the use, of what in France are called black
“ meats, viz., mutton, beef, game, &c., and I lived on fish,
“ fowl, and veal ; at first my stomach would not bear
“ vegetable food, but by degrees I was enabled to live
“ entirely upon a vegetable and fruit diet. The change
“ upon my constitution was wonderful ; instead of my
“ evacuations being dark coloured, and scalding me
“ as they passed, they became light coloured and
“ unirritating ; yet I was compelled to take my
“ usual pills of aloes, colocynth, scammony, &c. In
“ the spring of 1825, I was obliged to give up my
“ exercise on horseback, in consequence of the pain
“ it caused in my bowels, which increased, so as to
“ affect me even in walking. I again consulted my
“ French physician, who declared I was labouring
“ under chronic inflammation of the lower bowels,
“ and by his persuasion I at last adopted the use of
“ the lavement ; this most materially benefited me,
“ as it brought away much coagulated lymph, and
“ greatly prevented the local irritation. But the distress
“ I suffered at first, from giving up the use of medicines,

was great, from the fulness and stuffing of the head and belly. The lavements did not always relieve my bowels, but I was not permitted to take any kind of medicine “ unless they were not relieved for two days together. I left Paris in May, and employed the subsequent summer and autumn in travelling through “ Switzerland and part of Germany. The beginning of “ the winter 1825, and 1826 I took my seat as a member “ of a house of business: my friends, as well as myself, “ being satisfied that it was at the risk of my life returning to India. It was shortly after I took to the desk “ that I began to pass blood when I went to the closet. “ In the course of the winter the quantity increased to “ sometimes an alarming extent, it coming away as if “ from a ruptured vessel in a regular stream. The “ discharge was not regular, but periodical, and seemed “ to accompany some derangement of my liver and “ stomach. Towards the spring it was attended “ with pain, and the protrusion of a lump, which retired “ of itself. In the summer this lump began to descend “ occasionally, without straining, or blood, but accompanied with a most offensive discharge. I went “ on suffering more or less till January, 1828, when “ I had the gross imprudence to dance at a ball in “ the country, after travelling sixty miles.

“ This brought on a most furious attack of bleeding.

“ Two lumps now descended, and the discharge was so
“ profuse as to wet through my shirt, drawers, and
“ trousers. I could return the lumps, but not retain
“ them in the bowel. This attack was accompanied
“ with all the symptoms of bad stricture in the urinary
“ passage. When the violence of the attack had sub-
“ sided, I came to town alarmed, and determined to
“ sift to the bottom the source of all my evils. I now
“ sent for —————; he looked at the parts, and said
“ nothing; he attempted to introduce his finger to exa-
“ mine, but so violent was the spasm at the sphincter,
“ he could only with all his force get in the first joint
“ of the forefinger. With more decision than judg-
“ ment, ‘ in arbitrio meo,’ he pronounced there was
“ nothing wrong. He however introduced, on three
“ different occasions, a bougie into the urethra, which
“ had the effect of diminishing all bad symptoms in
“ that quarter. Thus lulled, I went on, suffering
“ from the descent of the lumps, the fetid discharge,
“ and often most extraordinary losses of blood, till
“ last May, when I was fairly thrown on my back,
“ by a more violent descent of the bowel, attended
“ with most acute inflammation. Not knowing what
“ to do, I sent for ————— again; he ordered
“ a small injection with laudanum, saying it was
“ nothing but an attack of piles. Years of suffer-

“ing satisfied me to the contrary. A friend mine,
“Dr. —, who had been a surgeon in the army, and
“was now in London practising as a physician, kindly
“came to me, and did all he could, by copious bleed-
“ing, to reduce the inflammation. He returned the
“parts two or three times, but they would not remain
“up. He then deemed it right to send for —, who
“*advised that the parts should be left down, to get stran-*
“*gulated, in order that they might be removed by nature,*
“*keeping me quiet during the time by opium.* This was
“done, and after a month’s confinement to my bed, I
“was advised to get into the country to recruit my
“health and strength. Since this period I have cer-
“tainly been better: still, even at the best, I have
“never been without uneasy sensations in the rectum;
“and though the enema relieves my bowels, I yet feel
“a stoppage in passing the feculant matter at a
“certain point, it being just at the upper edge of
“the hip bone, on the left side. Sometimes, with
“a light pressure of my finger, I can make the
“matter turn, as it were, a corner, when, though I
“had been using every effort to pass a motion without
“success, I can void it without any further difficulty.
“This obstruction, of whatever nature it may be, is
“now so bad, that it takes me from a quarter to half
“an hour to obtain even a moderate evacuation, which

“ is never natural. For years I have not known what
 “ it is to have my motions without some kind of assist-
 “ ance. If I take a saline medicine, the whole contents
 “ of the bowels seem to be collected immediately above
 “ this obstruction, and what passes, comes away in little
 “ lumps, the size of a pea. In general I find straining
 “ decrease rather than facilitate the passage of these
 “ trifling evacuations ; but if I incline to the right side,
 “ and press my hand upon the left groin immediately
 “ over the hip bone, I can soon get the motion away.
 “ With regard to the rectum itself, I am not aware of
 “ any fresh descent, though about ten days ago I ob-
 “ served a slight discharge, in smell similar to what
 “ I had before ; but it is small in quantity, and in
 “ health would not, perhaps, attract my notice. I have
 “ examined the parts with a mirror, though not for
 “ the last month or six weeks, and can perceive, when
 “ straining hard, a fleshy lump, but which is too high
 “ up to be grasped [by the sphincter. I have had of
 “ late a good deal of smarting pain in this part, when
 “ at stool, and for an hour or two after, or when walking
 “ much about, which I avoid doing as much as I can.
 “ There has also of late been in this part an irritabi-
 “ lity and disposition to spasmodic contraction, similar to
 “ what I had before the last violent attack.” * *

* * * * *

16th Nov. 1828.

Upon my examining the rectum of this patient I found an excessively broad sphincter, which was so irritable that I could with difficulty introduce my finger into the cavity of the bowel ; I felt a small tumour about the size of a hazel nut, at the upper and back part of the rectum, but beyond this I could not discover any deviation from the healthy structure. I recommended the occasional application of leeches to the orifice, the use of the enema, alterative doses of blue pill with ipecacuanha, and local tepid bathing. By this plan the irritation of the sphincter was in a few days so much lessened, that I was enabled to examine the rectum with a bougie, when I found two obstructions, one at six inches from the exterior, the other at the most superior part of the gut. This gentleman continued to attend me regularly for many months. By following my advice he became better in his general health, and nearly altogether lost the affection of the sphincter. After a long time I was able to pass a bougie of the size of number ten ; his bowels now acted more freely, and I felt confident, that if he would submit to the division of the sphincter, he would be perfectly well. I proposed this course to him ; but partly from his own fears, and partly from the officious interference of others, he declined having the operation performed. From that time to the present I have had the pleasure of his

intimate acquaintance, and have occasionally passed instruments for him : this course, together with simple attention to his general health and diet, has kept him in a pretty comfortable condition, though I do not think he will ever be well while the sphincter remains in its present state.

CASE V.

—, September 10, 1829, had been subject for a long time to irregularity of his bowels, and a difficulty of voiding his motions, which were of a small size. Each time he attempted to pass an evacuation, a mass of fleshy substance came down, which often bled a good deal. He had been in the habit for the last two years of replacing this himself, partly from a disinclination to mention his complaint to strangers, and partly because he believed no person could afford him any relief. In addition to the prolapsus, he suffered from great irritability of the bladder, being generally compelled to pass his water every hour day and night.

Upon introducing my finger into the rectum, I discovered that, exclusive of a large mass of excrescence just within the sphincter, he had an enlargement of the prostate gland; the liver, as far as I could discover, was sound. On the fourteenth, I examined the bowel with the bougie, and ascertained a narrowing of the gut

at seven inches from the exterior, through which I could only pass an instrument of the size of number seven. He was not able to retain it for more than a few minutes. I advised my usual plans.

October 20. He was much the same; his motions passing with difficulty after great effort, and of small size; he had used the enema daily, which he thought kept the parts more comfortable. I introduced the same bougie, and subsequently one a size larger, which he retained thirty minutes. When withdrawn, it was flattened for a little better than two inches in its centre.

TREATMENT. *Hirudines decem ano. Enema decocti querci, omni nocte.*

Recipe, Tincturæ Ferri muriatis ℥iij.

—— Card: comp: ℥iv.

Aquæ Puræ ℥vi. Misc. Sumantur cochlearia duo magna, sextis horis.

26th. He considered that he was upon the whole better, having had less pain in the gut when his bowels were opened; but the bladder was as irritable as ever. I introduced the bougie, which remained in the rectum thirty minutes, and I advised him to prosecute the same plans.

I attended this gentleman for three or four weeks with but little benefit. The use of the bougie some-

what lessened the spasm and irritation about the lower part of the bowel ; and the tumours were returned more readily ; but they always came down upon any trifling exertion. I now proposed to him the removal of the diseased mass ; but he declined to undergo any kind of operation, stating, that at his time of life (about 60), he would prefer to jog it on in the best manner he could.

Cases of Prolapsus, in which the Sphincter Muscle was divided.

CASE VI.

The subject of this case first consulted me on the 14th of January, 1831, upon which occasion she gave me so extraordinary an account of the treatment which had been adopted in her case, that I requested she would be so good as to commit an abridged detail of it to writing. Two months after the operation of the division of the sphincter, she wrote me the following narrative :

“ In 1829 I experienced painful sensations in the
“ rectum, attended with a bearing down of the part,
“ especially at and after my evacuations, with general
“ debility, which symptoms continuing to increase, I, in
“ March, 1830, consulted —, who, after an examina-
“ tion, expressed his opinion that two strictures existed in
“ the bowel; his treatment consisted of leeching, open-
“ ing medicine, and occasional injections, which gave

“ me temporary relief. The former distressing symptoms, however, recurring, in September I consulted —, who examined the rectum with his finger, and subsequently with a small short bougie; he then told me that I had an intersusception of the bowel eight inches up, and that I never could be cured, though I might be partially relieved. I saw him several times afterwards. The first time the bougie was passed, he told me to keep it up, and that I might either walk or ride home with it in the rectum, as I thought fit. Accordingly I walked home, a distance of a mile and a half, though I experienced the most severe pain in the back and front passages; indeed, I was ill for several days from the derangement it caused to my system. I remained under his care about three months, without obtaining any benefit. In January, 1831, a friend strongly recommended that I should consult you. After a careful examination, you ascertained there was a contraction of the sphincter muscle, and a stricture five inches up the rectum. You commenced passing a number six bougie, and, in a few weeks, a number ten was introduced, when you recommended that the sphincter muscle should be divided. This was at length agreed to, and the operation performed, which has accomplished all the benefit that was anticipated. I am now fast regaining my health and

“ strength, the painful symptoms are all removed, and
 “ the evacuations are regular, without the aid of medi-
 “ cines or injections.” * * * *
 * * * * *

In this instance the sphincter being narrow, I simply divided it by one incision into the soft parts. The morning following, and for two days after the operation, she had a numbness of the left leg and thigh, which gradually left her in the course of four days. No other symptom occurred worthy of notice. On the third day after the operation she was able to get about her room; and the wound, which was simply dressed with dry lint, was entirely healed in the course of a fortnight. When first she consulted me she had severe pain in the womb, and a purulent discharge from the vagina; these symptoms, which she had had for nearly six months, subsided entirely before she took her leave of me.

CASE VII.

An unmarried lady, 40 years of age, consulted me in the year 1829, under the following circumstances : she had been in bad health for many years, suffering from headache, indigestion, pain in the region of the liver, much confined bowels, with difficulty of passing her evacuations, which were small or flattened, and often accompanied with blood. The bowel had, for some time past, come down, when she went to the closet, or upon any attempt to pass her water. Within the last six months a discharge had come from the front passage, attended with a good deal of pain in the womb. The menses were regular. After some time I examined the bowel, but the extreme contraction of the sphincter prevented my passing even the forefinger. By the use of a small plug, I, in the course of a fortnight or so, was able to examine the lower part of the bowel, but I found no morbid appearance, save that the inner membrane lay in thicker folds than common. The sphincter was remarkably broad and powerful. I also ascertained that

there was a stricture at the summit of the rectum, together with a materially distended colon, and an enlarged liver. With these views, it was evident that I could not expect to restore my patient's health; though I apprised her, that if I could improve her constitution, I might perhaps advise the division of the sphincter. She underwent a tedious attendance, during which she certainly, upon the whole, improved. In the course of five months I was able to pass a number eight bougie; her bowels had somewhat improved, the motions being larger and more healthy, but she was yet compelled to strain violently to pass them. The discharge from the vagina did not occur for more than a fortnight together. I was quite satisfied, however, that I should never get much credit from the case. She went, after some time, into the country, being occasionally in correspondence with me. While she continued to use the plug, the action of the sphincter was not so violent, and her motions came away somewhat easier, but the discharge from the vagina was as bad, or worse, than ever. In about five months she returned to town, and requested me to satisfy myself that there was not any disease of the womb, of which she was more fearful than of all her other afflictions. I accordingly made an examination of the part. The matrix was tender to the touch, as was the whole of the vagina, but beyond this I could not discover

any thing of moment. Believing that the whole of the irritation in these parts arose from the condition of the sphincter, I advised her to have it divided, and the operation was done in the month of August, 1830. In this case I removed a triangular portion of the muscle. The wound was perfectly healed in about a month, leaving a kind of furrow in the part; the benefit which she immediately derived from the operation was great, in less than a month all the irritation of the matrix and vagina left her, her motions passed with greater ease, and she flattered herself that she was soon to get well. No such happy result has, however, taken place: she has certainly continued much better, having lost the bleeding which came with her motions, which pass comfortably, though as irregularly as ever. Sometimes she will void a tolerably good relief for a week or ten days together; then again she will have a severe diarrhoea for three or four days. At one time the evacuations will be well tinged with bile, at others they will be white; the latter condition commonly accompanies, or succeeds, the relaxation of her bowels. I have frequently seen her of late, and notwithstanding all her annoyances, she gains flesh, and manages, as she says, to get on pretty well.

Cases of Prolapsus removed by Excision.

CASE VIII.

Mr. —, aged 42, March, 1829. From an early period of his life he had been occasionally afflicted with a severe pain all over the top of his head, attended with coldness of his hands, legs, and feet. Ten years since, he had an attack of inflammation of his bowels, after they had been constipated for eight or ten days. For two years after this illness he was occasionally subject to violent attacks of purging, which gradually went away: at last his bowels became costive, so that he was obliged to take opening medicine day by day: at length the rectum began to come down, and he had large bleedings whenever he went to the water closet. He has lately been much troubled by a frequent desire to pass his water.

Upon examination with the finger, I could not discover any disease of the sphincter; one or two external hemorrhoids grew from the upper part of the orifice.

By making an effort he brought the prolapsus into view, which consisted principally of an enlargement of the columns of the rectum at its posterior superior part. No portion of it was ulcerated. Upon introducing a rectum bougie, after I had returned the prolapsus, I discovered an obstruction at four inches, which admitted only a number eight bougie. I told him that I would recommend his having the prolapsus excised, when I could introduce an instrument of the size of a number ten. In the course of eight weeks I was enabled to do so; but no persuasion would induce him to submit to any operation, from which he said he had been told "he might probably bleed to death." Soon afterwards he took his leave of me, and I did not see him again until the twenty-fifth of February, 1831. He then called upon me, and stated that he thought he must submit to the operation. When I explained to him the method I had latterly adopted to prevent any danger from bleeding, he said, that "his mind was now decided, and I might remove the part as soon as I liked." He having brought the part into view, I again examined it: the alteration in it was evident; it was larger, more vascular, and some portion of its upper part in a state of ulceration. Upon inquiry, I found that he had had a discharge from the intestine for some months. Three weeks after I performed the operation

in the manner hereinbefore advised. No untoward circumstance occurred during, or subsequent to its performance. In the course of a fortnight my patient was able to attend his business. His health is at this time greatly improved: he seldom suffers from the pain in his head; his bowels act regularly; his motions pass with facility, and the irritability of his bladder is totally gone. He uses an enema every day according to my direction.

CASE IX.

A solicitor came from the country to consult me, on the fourth of November, 1829. I found that he had had the strongest evidence of stricture in the bowel for a long time before the prolapsus had made its appearance. His health was now much deranged, his digestive functions impaired, and the appetite bad; he likewise suffered great debility from the quantity of blood he occasionally lost from the rectum. In this case I discovered a stricture at eight inches from the exterior. Having by the requisite attention improved his health, and by regularly passing the bougie mitigated the obstruction of the bowel, I on the fifth of December excised the prolapsus. No bad consequences followed. In the course of a fortnight he left town, expressing himself to be most thankful for the assistance I had rendered him. In July, 1830, he wrote to me, saying,

“ With regard to my health, I am happy to say that

“ the cure you made of me is most effectual. The
“ rectum is irritable at times, which I get rid of by a
“ return to injections of tepid water, and care in my
“ diet, which appears necessary to be continued, to suit
“ my peculiar constitution and sedentary habits.”

CASE X.

March 2, 1831, a legal gentleman, for many years had been subject to great confinement of the bowels, being obliged to take quantities of opening medicine, and even these at last often failed to have any effect, unless frequently repeated. Within the last two years, whenever he attempted to relieve the bowels, some fleshy substance protruded, which often bled considerably. This substance was now increased to so great an extent, that it came down upon any ordinary exercise, attended with an acrid discharge, which irritated the skin around the orifice of the bowel. He had been a pretty free living man, and frequently indulged in the chase. He had consulted various medical gentlemen, with little or no benefit. Lately he had asked the advice of ——— who recommended him to have the part removed by the ligature; under the same gentleman's recommendation he had taken Ward's paste, which he said "played the devil with him." In this case which is delineated by the second plate, I could not

pass a bougie larger than number six, higher than six inches. He had no symptom of disease of the liver or any other viscus; but the sphincter was preternaturally strong. I recommended my usual plans; and on the second of April, being able to pass a number ten bougie, I removed the prolapsus by excision, after the plan before advised. Profuse hemorrhage succeeded the operation, the quantity of blood lost exceeding fourteen ounces in less than ten minutes. As the patient was a man of plethoric habit, I did not attempt to stop the bleeding by any other means than the application of cold water. It at last ceased spontaneously. The case did very well, the subject of it being able to visit me in the course of a fortnight.

CASE XI.

Mrs. —, aged 36, January 19th, 1831. For many years she had suffered from piles, the first symptom of which appeared after one of her confinements, eighteen years ago. From early life she had been subject to costiveness, and taken great quantities of physic. About eight years since, she first found that some blood occasionally passed with her evacuations; this gradually increased in frequency and quantity, and now, often passed away spontaneously, sometimes to the amount of a pint at a time, by which she was reduced to a state of extreme weakness. Two years ago she discovered that some substance came down when the bowels acted; this had gradually enlarged till the present time. It now gave her the most acute suffering, remaining down sometimes for an hour or two after she went to the closet, and bleeding to such a degree, that it reduced her to a most deplorable state of debility. Her health had suffered

much, indeed she could not say that she had been well for a long, long, time. She was often attacked with acute pain in her sides, the right mostly; for which she had been repeatedly bled, blistered, &c. The urinary organs were likewise much disturbed; at one time she would be attacked with retention, at others, with incontinence of urine.

Upon examination, I found several external piles, but no disease of the sphincter. The prolapsus, which was, I think, the worst case of the kind I had ever seen, is represented by the first plate. Various portions of it were in a state of ulceration; the columns of the rectum were extremely irregular and highly vascular, and the mucous coat around the inner verge of the sphincter was of a dark purple colour. In this case I commenced the use of the bougie, prior to the removal of the diseased mass by excision. The bowel was, however so irritable, that I could not introduce an instrument larger than number four, and even this gave her great uneasiness. I also advised attention to such other points, as the state of her constitution appeared to require. She remained under my care about six weeks, during which time she mended in all respects; no persuasion would, however, induce her to submit to any kind of operation. Upon the occasion of my last visit, she told me that her medical man had informed her there would be a

very great danger attending it, and that "she might bleed to death." In reply I stated, that I hoped he had likewise added, but that it was much more probable that a great benefit would result from it. She subsequently declined my attendance, and I have not seen her for some months.

I have given the narrative of this case (although the prolapsus was not excised) because the drawing which was taken from it illustrates so well the manner in which the pins should be fixed before the part is removed.

CASE XII.

A distinguished member of the legal profession consulted me for a protrusion of the bowel, which came down whenever he went to the water closet, and oftentimes upon his taking even moderate exercise. His constitution, although somewhat impaired by a protracted residence in a warm climate, was not by any means bad. He suffered from indigestion, and from flatulence and distension after his meals. The action of his bowels was however very irregular, and he generally assisted it by some purgative. This he has been obliged to do for a long time. The function of the liver was also impaired, there being but little bile in his motions. The latter effects he attributed to his sedentary duties, which required him to sit daily for many hours together. He had consulted more than one medical friend, and under their directions used stimulating injections, and various other applications, with the view of retaining the prolapsus within the sphincter, but to no purpose.

I in this case discovered an obstruction at five inches from the exterior. The case involving circumstances of responsibility, which it is not necessary for me to detail, I requested he would be so good as to appoint a consultation with one of his medical friends before any further treatment was pursued. This was accordingly done, and on the twenty-fifth of March I met Dr. Davis, of Hanover Street. This gentleman agreed with me in my suggestion that it would be better to relieve the stricture before the prolapsus was removed. In the course of a month this was so far accomplished, that I performed the operation by excision, Dr. Davis, and my friend Dr. Stewart, of Keppel Street, being present at the operation. Our patient did very well, and in the course of six weeks left England, expressing himself as extremely grateful for my advice.

CASE XIII.

A merchant consulted me in the beginning of February last, respecting a prolapsus of the rectum. He had undergone the removal of the disease by ligature twice. The first operation took place in the year 1828, when three ligatures were used; the second in 1830, when one only was applied. The first operation confined him to his bed for five days, during the whole of which time he suffered a good deal of pain, and was kept under the influence of opiates. For many days after the ligatures separated he endured great agony in the parts, more especially whenever he went to the closet. The second ligature came away three days after it was applied, and did not give him any thing like so much pain as the first. Although he certainly obtained relief from the operations, he had nevertheless, always felt as if there was a something wrong in the bowel; his motions not passing comfortably, and requiring much straining to get rid of them. He also had an obstruction in the urinary canal. Upon examining

the rectum I found an extremely powerful and broad sphincter, and the caliber of the intestine so much lessened at six inches from the exterior, that I could not pass a bougie of a larger size than number eight. Upon his making an effort to bring the prolapsus into view; I discovered that it was in some degree composed of the remnants of the columns of the rectum, to which the ligatures had been applied, one of these portions in particular was indurated and of a cartilaginous texture. The mucous membrane all round the inner verge of the orifice was baggy, and of a purplish hue, and formed the greatest portion of the mass which impeded the passing of evacuations; there was likewise a single internal hemorrhoid at the lower and left side of the bowel. In this case, after a few introductions of the bougie, which certainly facilitated the passing of the evacuations, I removed the pile, and pared off various portions of the elongated membrane just within the sphincter; but I was apprehensive of doing harm if I removed the indurated remnants from the operation by ligature; and therefore did not do any thing to them. There being no prominent points in the swelling, I found some difficulty in fixing the pins so as to keep the bowel everted; from which cause, the operation was longer about than usual. In the end it did very well, and removed most

of the sufferings, and the bleeding which the patient usually experienced when he first consulted me. I saw this gentleman lately, he says he readily admits that he has experienced relief from the operation in all points but one; but that he thinks the *difficulty* of voiding his motions is almost as bad as ever. This circumstance which I told him was referrible to the power of the sphincter, would only be removed by a division of this part. He was, however, disinclined (which I do not wonder at), to undergo any more suffering. I took the occasion of this visit to ask him his opinion of the two operations by ligature and incision. To which he replied, "Why, as to the pain I suffered, I would rather undergo ten of your operations than one by the ligature. But I think the latter appeared to do me most good, for you see I was free *from prolapsus* for nearly two years after the first ligature was applied, and for almost a twelvemonth after the second; whereas it is now only three months or better since you operated upon me, and yet I have this *difficulty* of passing my motions."

Remarks. I have given this gentleman's case almost in the words which took place between us when he narrated his feelings to me; I am desirous of doing so with the view of drawing the attention of my readers to

the important questions it involves. I consider the prolapsus as well as the contracted state of the bowel, to have originated in the condition of the sphincter, and I confess I think I should have acted more wisely if I had attempted to remedy this evil instead of removing the prolapsus ; which operation, although it has been of service, has been so only by removing the effect, instead of the cause, in which this gentleman's sufferings had arisen. I was not, however, at the time I performed the operation, sufficiently clear as I now am, upon the point of where the sphincter should be divided, in those instances where, from its preternatural powers, we may consider it has produced the prolapsus: I mean whether the cause or the effect should be first administered to. I have no hesitation in now stating that, in all instances where the prolapsus occurs in consequence of a contracted or preternaturally powerful sphincter, we had better remove this evil before we undertake any operation upon the diseased mass.

CASE XIV.

A gentleman came to me from the West Indies in the month of October last, for the purpose of having a prolapsus removed. I was at that time, and for some months afterwards, prevented from attending to my professional duties by indisposition, and in consequence I did not see him till towards the end of December. I found that he had suffered from the disease for many years, which had now become so troublesome that it prevented his taking the least exercise, or emptying the rectum, without excruciating agony. He informed me that it usually occupied from three to four hours of his time daily to relieve his bowels, and to recover the irritation produced from the passing of an evacuation. The quantity of blood he lost at these times was also, as he said, "incredible, amounting to many ounces daily."

I in this case found an obstruction in the rectum some distance from the exterior, which it took many weeks to remove. Early in February last I removed the prolapsus after my recent plan. The operation, al-

though a severe one, succeeded to the fullest extent of my wishes, and in the course of a fortnight the patient walked to my house. In about six weeks after, he left England in good health and spirits, expressing himself as truly thankful for the service I had rendered him.

There were present at this operation Mr. Claridge, of Upper Norton Street, one of my personal friends, Mr. Tucker, of Howland Street (who had been sent for during my indisposition, on account of an incidental illness which occurred to my patient soon after his arrival in London), together with my assistant.

Cases of Procidentia Recti in Infants.

CASE XV.

C. A., a female infant, aged three years, was brought to me, September 2d, 1830, with the rectum prolapsed, which it had been for some weeks past, requiring to be returned almost daily, after every operation of the bowel. There was also a profuse discharge of yellow matter from the anterior passage, and the skin around the anus was much excoriated. The child was in bad health, emaciated, had lost its appetite, and could not rest at night. I advised a four ounce enema containing a couple of drachms of oil of turpentine, to be thrown up the rectum night and morning, for a day or two, after the bowels had been relieved by an aperient. I likewise recommended an opiate wash, externally, and desired the infant's mother to be careful to examine the state of the discharges from the bowels.

September 4th. The bowel came down very much after the operation of the powder, but upon being returned by the nurse, had not been since prolapsed. The enema had been given night and morning, it had brought away no worms, but a great deal of slimy mucus. I recommended a drachm of the oil of turpentine to be given to the child two hours after breakfast, and to be repeated on the following day if it failed in bringing away any worms. I likewise requested that an enema of tepid water might be given every night, to keep the bowel free from any lodgment.

September 7th. Both the doses had been given, but without effect. No prolapsus had taken place, and the discharge had much diminished. I recommended two drachms of the medicine to be given for two succeeding days.

September 11th. A large quantity of ascarides came away this morning. The discharge from the anterior passage was nearly gone. No further prolapsus of the rectum occurred, and the other unpleasant symptoms disappeared in the course of a fortnight, after the daily use, for a few days, of a mild astringent lotion.

CASE XVI.

Walter Thornton, aged two years, and six months, was brought to me on the 30th of July, 1830, with a prolapsus of the rectum. It first came down during the time the child had the small pox, and had not been returned for a longer time than about two hours, for a period of eight weeks. Under the direction of a medical man, the child had been taking opening medicine day by day, the action of which precluded the chance of keeping the bowel in its proper situation. The length of the prolapsus exceeding an inch and three quarters, and the mucous membrane of the bowel was ulcerated over the superior and inferior parts on the sinistral side. The infant was exceedingly ill, continually crying from pain. Its mother informed me that she was afraid there was something wrong with the child's bladder, for it screamed dreadfully when it tried to make water. I restored the prolapsus and advised a cold lotion to be applied to the orifice, together with a sufficient degree

of pressure to keep up the bowel. I likewise desired that before the lotion was applied, an enema of tepid water should be administered, and retained if possible, for a few minutes. On the following day the mother brought the infant, and informed me that she had adopted my directions, and that the child had not had any sign of the gut coming down ever since she returned it after the enema came away. I requested her to support the infant for some days on liquid food only, and in two days more, if its bowels did not act of themselves, to give another enema. In four days she brought the child to me again; its bowels had acted without the enema, and the gut had not come down; but a great deal of slime and matter passed with its motions. I recommended the daily use of an enema, containing four grains of sulphate of zinc, in four ounces of tepid water. This plan was regularly pursued for some time; in about three weeks the discharge from the rectum had ceased; the child's bowels acted regularly day by day, and in a short time it was well.—*See Plate 4.*

The following case, translated from *Etudes sur l'Inflammation, par C. L. Somme*, 1830, is the one to which I alluded at the ninth page.

CASE XVII.

“ A young female had been affected for a long while with a contraction of the rectum, three or four inches above the anus: it was followed by ulcerations in this part. The bridle, which formed the ring, was hard, callous, and so contracted that it only allowed liquid matters to pass: hence arose obstinate constipations and colics. I tried dilatation with bougies, which had momentary success. When the patient was better, she neglected herself, and the contraction produced the same accidents. I proposed to divide the bridle; she would not submit to this operation, and preferred employing herself the dilating instruments. I had lost sight of this female, when I was called in to a consultation with a physician. There had been constipation for

three weeks; she had vomitings, the belly swelled and very painful, violent colics, and fever. The physician not knowing the infirmity which the patient laboured under, regarded this affection as enteritis, and with reason, for there really was intestinal inflammation. The constipation was overcome by lavements, and very copious sanguineous diarrhœa followed. Besides the very acute pain in the lower belly, she suffered in particular on the left side of the umbilicus. The evacuations became free, and the fever ceased. Some days after I was called in great haste; a piece (thread) of membrane had passed by the rectum, which had frightened the nurse; by drawing this slightly, a portion of intestine, about a foot in length, came away. This was not a false membrane, but wholly the intestine: internally the villous coat was black, externally the surface was smooth, and there was seen a groove indicating the attachment of the mesentery.

“ Undoubtedly the continual efforts to expel the excrements, and to overcome the obstacle, had been the cause of an invagination; in consequence of which the intestine mortified, and detached itself. The patient suffered for some time with sanguineous and purulent stools, but was eventually cured.”

The foregoing cases, I think, sufficiently substan-

tiate the opinions advanced in these observations. They have been selected from a variety of instances which have occurred under my immediate observation; and being faithfully narrated, will, I hope, eventually be productive of important benefit to the profession, and society at large.

*12, Old Broad Street, London,
July 25, 1831.*

* * * *



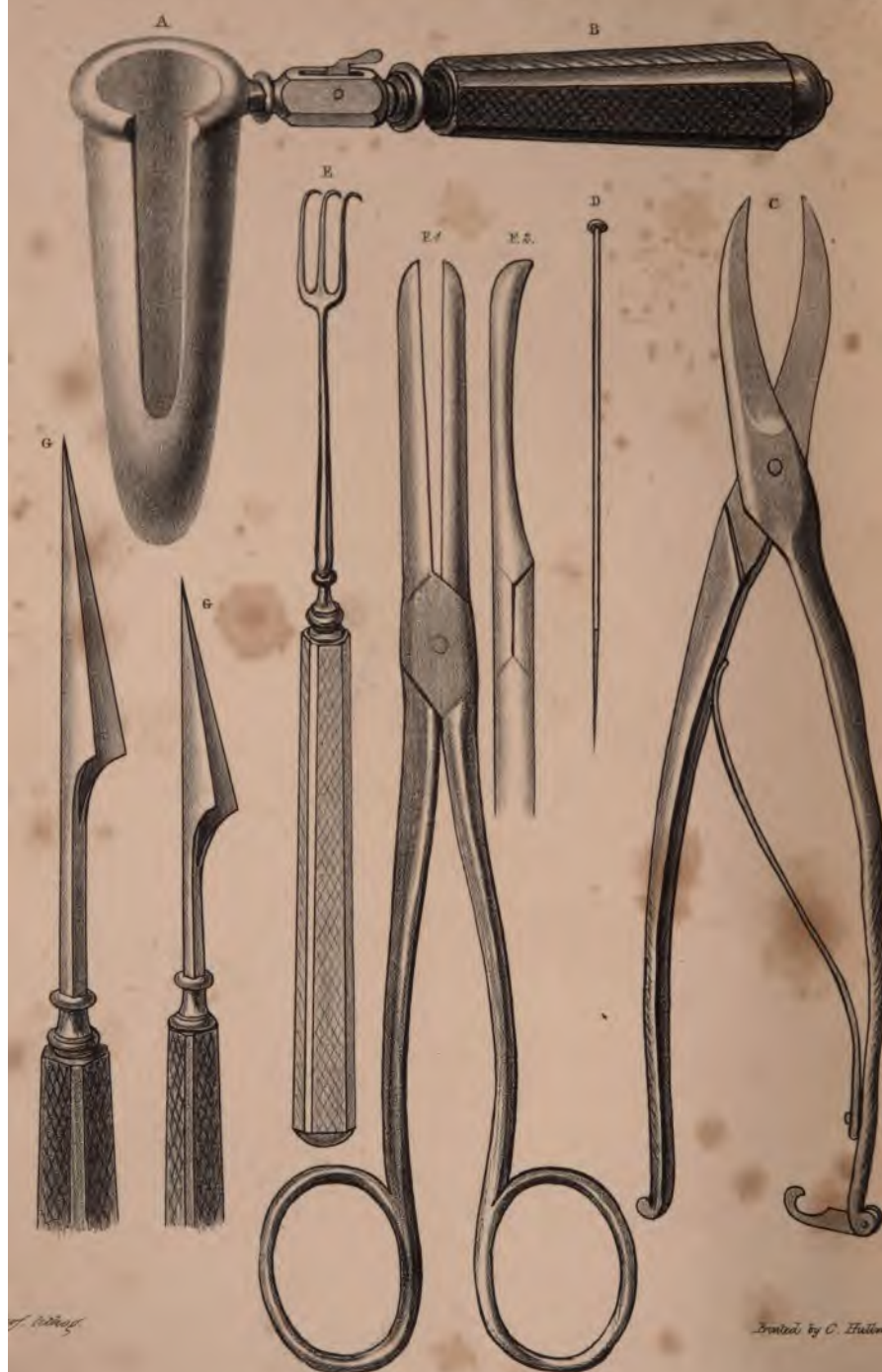




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EXPLANATION OF THE PLATES.

PLATE I.

Exhibits a prolapsus of the rectum, the pins being fixed for its removal by excision.

A.—The elongated portion of the mucous membrane around the inner margin of the sphincter.

B.—The columns of the rectum, enlarged by disease.

PLATE II.

An extreme case of piles, with the pins fixed prior to their removal.

A.—A portion of the elongated mucous coat of the rectum.

B.—A large internal hemorrhoid.

C. D.—Two external piles.

PLATE III.

Shows a prolapsus of the bowel in a child.

A.—The mucous membrane which lines the sphincter distended.

B.—The rectum, showing likewise the ulceration of its inner coat.

C.—The portion of the mucous membrane which was sound.

PLATE IV.

A.—The dilator.

B.—The moveable handle of the dilator.

C.—The prolapsus scissors.

D.—One of the pins.

E.—The hook.

F. 1.—A front, and F. 2,—a side view of the forceps.

G. G.—The scoops for dividing the sphincter.

The whole being drawn one-third less than the proper size.

These instruments may be procured at Mr. Evans's, Surgeon's Instrument Maker, Old 'Change.



